

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10/662237
APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
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33		1				
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39		1				
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41		1				
42	1					
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49						
50						
TOTAL IND.	2					
TOTAL DEP.	39					
TOTAL CLAIMS	41					

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
51								
52								
53	1							
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100								
TOTAL IND.	2							
TOTAL DEP.	916							
TOTAL CLAIMS	18							